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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 10/767,988 | |
|------------------------|-------------------------|--|
| Filing Date | January 29, 2004 | |
| First Named Inventor | Richard K. Riefe | |
| Art Unit | 3616 | |
| Examiner Name | Tiffany Louise Webb | |
| Attorney Docket Number | DP-309068-1 (60408-411) | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | |
|--|-----------------------|--|--|
| A Power of Attorney is submitted herewith. | | | |
| OR I hereby appoint the practitioners associated with the Cus | comer Number: 22851 | | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 22851 | | | |
| OR | | | |
| Firm or Individual Name | | | |
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| City | Zip | | |
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| Telephone | Fax | | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | |
| SIGNATURE of Applicant or Assignee of Record | | | |
| Signature /// | | | |
| Name Patrick M. Griffin, Assistant Secretary, Delphi Technologies, Inc. | | | |
| Date October 11, 2005 | elephone 248-813-1215 | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| *Total offorms are submitted. | | | |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 14 2005

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| STATEMENT UNDER 37 CFR 3.73(b) | | |
|---|--|--|
| Applicant/Patent Owner: Richard K. Riefe, et al. | | |
| Application No./Patent No.: 10/767,988 Filed/Issue Date | January 29, 2004 | |
| Entitled: Linear tracking column module | | |
| Delphi Technologies, Inc. , a <u>corporation</u> (Name of Assignee) (Type of Assignee | a, e.g., corporation, partnership, university, government agency, etc.) | |
| states that it is: 1. the assignee of the entire right, title, and interest; or | | |
| an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is | _% | |
| in the patent application/patent identified above by virtue of either: | | |
| A An assignment from the inventor(s) of the patent application/pat in the United States Patent and Trademark Office at Reel 015619 thereof is attached. | ent identified above. The assignment was recorded , Frame 0225 , or for which a copy | |
| OR B. A chain of title from the inventor(s), of the patent application/pate below: | ent identified above, to the current assignee as shown | |
| 1. From: To: The document was recorded in the United States Patent a Reel, Frame, or for | and Trademark Office at which a copy thereof is attached. | |
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| 3. From:To:To:To:To:To: | | |
| Reel, Frame, or i | and Trademark Office at for which a copy thereof is attached. | |
| Additional documents in the chain of title are listed on a suppl | emental sheet. | |
| Copies of assignments or other documents in the chain of title are a [NOTE: A separate copy (i.e., a true copy of the original assignment in Division in accordance with 37 CFR Part 3, if the assignment is MPEP 302.08] | nt document(s)) must be submitted to Assignment | |
| The undersigned (whose title is supplied below) is authorized to act on | behalf of the assignee. | |
| T. T. T. | October 11, 2005 | |
| Signature Signature | Date | |
| Patrick M. Griffin Printed or Typed Name | 248-813-1215 Telephone Number | |
| Assistant Secretary, Delphi Technologies, Inc. | . 5.551.5.1.5.1 | |
| Title | | |

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